

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				number	
				Complete if Known	
				Application Number	Unknown
				Filing Date	Herewith
				First Named Inventor	James E. Price
				Group Art Unit	
				Examiner Name	
				Attorney Docket Number	2095001US2AP
Sheet	1	of	1		

[illegible]

Examiner Signature	<i>[Signature]</i>	Date Considered	8-29-05
--------------------	--------------------	-----------------	---------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Commissioner for Patents, Alexandria, VA 22313-1450.